

86353

Page 1

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

Start Date: 27/06/2012 **Start Qty:** 12.00

12

Required Date: 11/07/2012 **Req'd Qty:** 12.00

12

Customer:

Reference:

Approvals: Process Plan: *M.T.*

Date: 12/06/29

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

[illegible]

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 86353

86353

Page 2

June-27-12 3:22:08 PM

Item ID: D2397-3

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Rubber Cushion

Stop ***NS2***

Start Date: 27/06/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 11/07/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

130

QC

Memo

0.00

Quality Control

OK 12/7/13

11/12-07-11

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

June-27-12 3:22:12 PM

Page 1

Work Order ID: 86353

86353

Parent Item: D2397-3

D2397-3

Parent Item Name: Rubber Cushion

Start Date: 27/06/2012

Required Date: 11/07/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP A98.12.15New IssueDM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2397		Manufactured	No			100	sf	0.0000	0.04	0.5			

D2397

Rubber Cushion

122112

**

0.5 (12) FF 12-07-10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



RELEASED
98.12.14 KE

DESIGN	DRAWN BY	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
BW	<i>[Signature]</i>	
CHECKED	APPROVED	DRAWING NO.
<i>KE</i>	<i>[Signature]</i>	D2397
DATE		TITLE
98.12.03		RUBBER CUSHION
A	95.03.22	NEW ISSUE
B	96.02.16	ADDED D2397-3
C	98.12.03	D2397-3 REDESIGNED; ADDED D2397-5
REV. C		SHEET 1 OF 1
		SCALE
		2:3

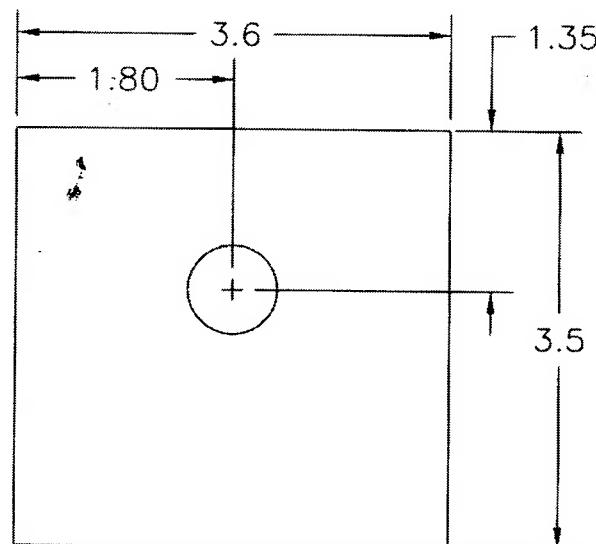
~~SUPERSEDED BY~~

UNDER REVIEW

01.03.15 *KE*

DESIGN OK, BUT CHECK
WITH SR BEFORE
MANUFACTURE

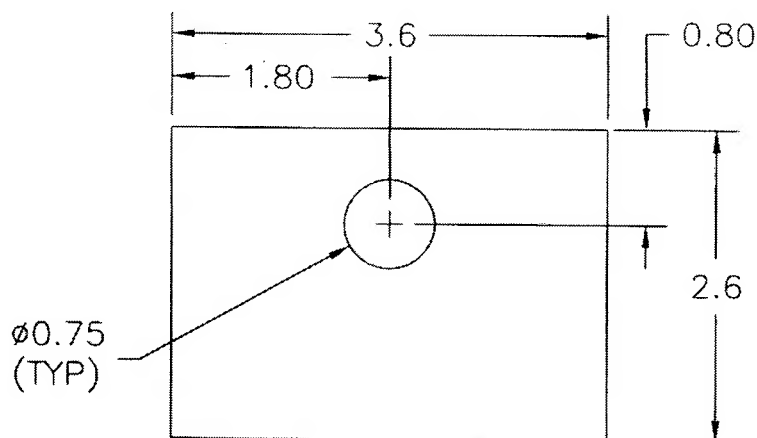
4/01/15



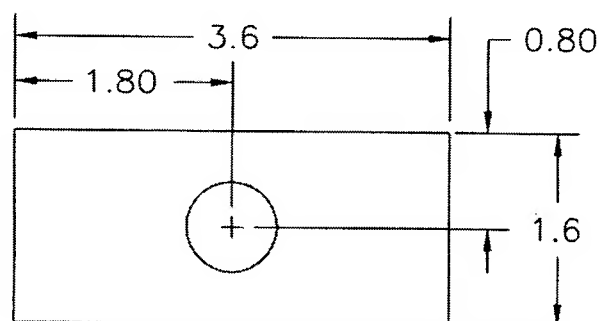
D2397-5
CUT USING DT8198

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. *26553 MLI*

12/06/28



D2397-1
CUT USING DT8199



D2397-3
CUT USING DT8199

MATERIAL: 60 DUROMETER NEOPRENE 1/16" THICK
(POSSIBLE SUPPLIER: ACCURATE RUBBER, P/N 251000002)
TOLERANCES PER DART QSI 018 UNLESS OTHERWISE NOTED

W/O:		WORK ORDER CHANGES					
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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